



Application Data Sheet

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TECH CENTER 1600/2900

Application Information

Application number::
Filing Date:: November 16, 2000
Application Type:: Continuation
Subject Matter:: N/A
Suggested Classification::
Suggested Group Art::
CD-ROM or CD-R?:: No
Number of CDs:: N/A
Number of Copies of CDs:: N/A
Sequence Submission?:: No
Computer Readable Form (CRF)?:: No
Number of Copies of CRF:: N/A
Title:: Cytokine Receptor Chain
Attorney Docket Number:: 1008743-124CIP
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin Name:: N/A
Variety Denomination Name:: N/A
Petition Included?:: No
Petition Type:: N/A
Licensed US Govt. Agency:: No
Contract or Grant Numbers:: N/A
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity



Given Name:: Mary
Middle Name::
Family Name:: Collins
City of Residence:: Natick
State or Province of Residence:: Massachusetts
Country of Residence:: United States
Street of Mailing Address:: 27 Euclid Avenue
City of Mailing Address:: Natick
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 01760

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Debra
Middle Name::
Family Name:: Donaldson
City of Residence:: Medford
State or Province of Residence:: Massachusetts
Country of Residence:: United States
Street of Mailing Address:: 109 Blakely
City of Mailing Address:: Medford
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 02155

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Lori
Middle Name::
Family Name:: Fitz

City of Residence:: Arlington
State or Province of Residence:: Massachusetts
Country of Residence:: United States
Street of Mailing Address:: 13 Palmer Street
City of Mailing Address:: Arlington
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 02177

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Tamlyn
Middle Name::
Family Name:: Neben
City of Residence:: Acton
State or Province of Residence:: Massachusetts
Country of Residence:: United States
Street of Mailing Address:: 13 Duggan Road
City of Mailing Address:: Acton
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 01720

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Matthew
Middle Name::
Family Name:: Whitters
City of Residence:: Hudson
State or Province of Residence:: Massachusetts
Country of Residence:: United States

Street of Mailing Address:: 9 Vinal Street
City of Mailing Address:: Hudson
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 01749

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Clive
Middle Name::
Family Name:: Wood
City of Residence:: Boston
State or Province of Residence:: Massachusetts
Country of Residence:: United States
Street of Mailing Address:: 2 Hawthorne Place, #17R
City of Mailing Address:: Boston
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 02114

Correspondence Information

Correspondence Customer Number:: 23483
Phone Number:: 617-526-6465
Fax Number:: 617-526-5000

Representative Information

Representative Customer Number:: 23483

Domestic Priority Information

Application::	Continuity Typ ::	Parent Application::	Parent Filing Date ::
This application	Continuation	08/846,344	April 30, 1997
Which is a	Divisional	08/609,572	March 1, 1996

Assignee Information

Assignee Name:: Wyeth
Street of Mailing Address:: 87 CambridgePark Drive
City of Mailing Address:: Cambridge
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 02140